

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE SEC	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: **STATE ETHICS COMMISSION**

Choose One:	<input type="checkbox"/> RV Registration Violation	<input type="checkbox"/> FDV Finance Disclosure Violation
	<input type="checkbox"/> CAN Candidate	<input type="checkbox"/> NCAN Non-Candidate/Independent Committee
	<input type="checkbox"/> LOBB Lobbyist	<input type="checkbox"/> VEN Vendor <input type="checkbox"/> Other

DATE OF REQUEST FOR HEARING: _____

COUNTY OF ALLEGED VIOLATOR:

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:

PETITIONER *

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL: PAGER:

ATTORNEY FOR PETITIONER

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	GEORGIA BAR NO:	EMAIL: PAGER:

RESPONDENT

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

ATTORNEY FOR RESPONDENT

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	GEORGIA BAR NO:	EMAIL: PAGER:

*** PARTY REQUESTING THE HEARING IS THE PETITIONER**

Attach the Complaint or Petition for Hearing and Summons to be served on the Respondent. Please also attach a sheet identifying any applicable statutes or rules and highlight any such statutes or rules that establish any specific timeframes or procedures that are to be applied by in resolving the matter.

Mail to: Clerk of Court
Office of State Administrative Hearings

225 Peachtree Street, NE, South Tower, Suite 400
Atlanta, GA 30303